

AQUATIC VEGETATION MANAGEMENT PLAN

MONTANA DEPARTMENT OF AGRICULTURE

For all restricted use aquatic herbicides

Please Note: Plan must be approved prior to herbicide use.

Name and Address: _____

License #: _____

Phone #: _____

Fax #: _____

Name of irrigation ditch or water body: _____

Approximate date of application: _____

Herbicide(s) and application rates to be used:

| Product name | EPA registration # | Rate |
|--------------|--------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Aquatic plants to be controlled:

Algae: Planktonic ____ Filamentous ____ Attached Erect ____

Submersed and/or floating: Pondweed ____ Milfoil ____ Coontail ____ Elodea ____ Duckweed ____

Other (specify) _____

Emergent: Cattails ____ Buttercup ____ Canarygrass ____ Water Cress ____ Willow ____

Other (specify) _____

Unknown: ____

List state (non-private) waters and/or other irrigation systems that treated waters will cross, parallel or that occur in the immediate vicinity: _____

List applications technique(s): _____

Outline the final destination or use of treated water: _____

List precautions to avoid contamination of untreated water: _____

List how all label precautions for water use will be addressed at the time of application: _____

Attach a map illustrating the following information:

1. Areas of canal/ditch or water body to be treated. 2. Location of canal/ditch or water body structures (flumes, weirs, siphons, waste gates, etc.). 3. Points of application. 4. Location of state waters or other irrigation systems in the immediate vicinity. 5. Areas where treated water will be discharged or wasted.

? **308 permit:** The 308 permit allows a short-term exemption from Montana surface quality standards which is required for application of a pesticide to state waters. State waters are defined as a body of water, irrigation system, or drainage system, either surface or underground. To obtain a permit or application, please contact the Department of Environmental Quality at (406) 444-3080.

Date permit applied for: _____ Date permit received: _____

Signature: _____ **Date:** _____

Submit this plan to: Montana Department of Agriculture
Agriculture Science Division
P. O. Box 200201
Helena, MT 59620-0201